



CATALYST Output/Event Report Form

Objective: ☐ Capacity Building ☐ Promote Cessation
☐ Prevent Initiation ☐ Eliminate SHS

Activity: _____

Event Type: ☐ Class ☐ Direct Mailing ☐ Special Occasion
☐ Meeting ☐ One on One ☐ Printed Materials
☐ Presentation ☐ Media ☐ Social Marketing Skills
☐ Other _____

Date Start: _____ **Date End:** _____

Service Regions (School Districts): _____

Location: _____

Time Estimates:

Contact: _____

Preparation: _____

Implementation: _____

Travel: _____

Hours: _____

Audience:

Type	Specific	Number Reached
Tobacco Use		
Age		
Occupation		
Life Stage		
Cultural Minority		
Other		
Risk Factors		
Venue		

Materials Distributed

Type: _____ Quantity: _____

Partners:

[illegible]

Journal:

[illegible]

submitted by

date

inputted by

date